Instructions for BSEE Form 0131 - Performance Measures Data

1. **Company and Contact Information**

    a. **Company Name(s):** Enter the name of the parent operating company.

    b. **BSEE Region:** Enter the BSEE Region in which the reporting facilities are located (GOMR, Pacific, or Alaska). A single form for each Region must be submitted if an operator has facilities in more than one Region.

    c. **Operator Code(s):** Enter the parent and all other operator codes for which data are being reported.

    d. **Calendar Year:** Enter the calendar year for which data is being reported. For example, "CY 2019" data will be reported by the March 31, 2020 deadline.

    e. **Contact Name:** Enter the name of the person who should be contacted if BSEE needs more information.

    f. **Email Address:** Enter the email address for the person listed under **Contact Name**.

    g. **Telephone:** Enter the phone number for the person listed under **Contact Name.**

    h. **Fax:** Enter the fax number for the person listed under **Contact Name.**

    i. **Date:** Enter the date the form is submitted.

2. **Safety:** The three columns in this section represent the major types of operations represented on the outer continental shelf. In general, well workover operations should be included in the drilling category. Decommissioning operations should be included in the construction category. Please contact SEMS@BSEE.Gov if you need help determining which category for any other type of operation.

    a. **Injuries/Illnesses:** For this section of the form, BSEE generally follows the Bureau of Labor Statistics (BLS) guidelines for recording injuries and illnesses. **Recordable** injuries/illnesses required medical treatment beyond first aid, but did **not** result in days away from work, restricted work, or transfer to another job (DART). **DART Recordable** injuries/illnesses required medical treatment beyond first aid, and also resulted in either days away from work, restricted work, or transfer to another job. Please consider the two categories of "Recordable" and "DART" to be mutually exclusive – there should be no overlap on the BSEE 0131 form.

        i. **No. of Company Employee Recordable Injuries/Illnesses (Section A):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of **company employee** recordable injuries and illnesses. Exclude DART injuries (Days Away, job Restricted, or job Transfer).

        ii. **No. of Contract Employee Recordable Injuries/Illnesses (Section B):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of **contract employee** recordable injuries and illnesses. Exclude DART injuries (Days Away, job

Restricted, or job Transfer).

   iii. **No. of Company Employee DART Injuries/Illnesses (Section C):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of **company employee** DART injuries and illnesses. Exclude recordable injuries and illnesses that are not classified as DART.

   iv. **No. of Contract Employee DART Injuries/Illnesses (Section D):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of **contract employee** DART injuries and illnesses. Exclude recordable injuries and illnesses that are not classified as DART.

  b. **Work Hours:** Sections E and F are for reporting hours worked by company and contactor employees, respectively. Include actual hours worked during the calendar year on the OCS by **production, drilling, and construction** operations employees assigned to OCS locations. Transportation hours worked offshore (pilot hours, employees being transferred from base to facility and back, transportation of materials / equipment / supplies, etc.) should include all time worked regardless of location, but should be allocated among multiple operators (if the services are shared), and distributed among the categories identified in boldface above. Do not include hours for which the employee is off work or sleeping. Therefore, record hours on a 24-hour basis only in the unusual event that an employee works through a full day.

   i. **Company Employee Hours Worked (Section E):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of hours worked by **company** employees.

   ii. **Contract Employee Hours Worked (Section F):** By category (Production, Drilling, and Construction) and quarter (1st through 4th of the calendar year), enter the number of hours worked by **contract** employees.

3. Environment

  a. **No. of EPA NPDES Noncompliances (Section G):** Enter the number of EPA National Pollutant Discharge Elimination System Noncompliances received.

  b. **For Oil Spills < 1 bbl (Section H)**

   i. **No. of Spills:** Enter the number of oil spills that were less than one barrel each.

   ii. **Total Volume for Spills:** Enter the total volume, in barrels, of oil spills listed on the line above this one. You may use up to six decimal places to represent fractions of a barrel.

(May 2019)